



Commissioner of Patents
BOX AMENDMENT - NO FEE
Washington, DC 20231

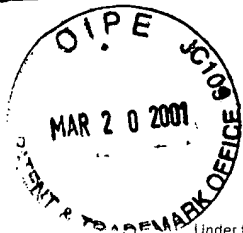
CERTIFICATE OF TRANSMISSION BY FACSIMILE

Applicant(s):	John F. Stone	Docket No.:	36435.0100
Serial No.:	09/498,135	Filed:	February 4, 2000
Title:	CHROMOSOME-BASED METHOD FOR FACILITATING DISEASE DIAGNOSIS	Examiner:	Enewold Goldberg, J.
		Group Art Unit:	1655

Date: March 14, 2001

I hereby certify that the enclosed Response and Amendment is being **transmitted via facsimile** pursuant to 37 C.F.R. §1.8 and 37 C.F.R.1.6(d), **to the attention of Attn: Examiner Jeanine A. Enewold Goldberg at Facsimile No. (703) 305-3014.**

By Allis Brown
Signature of person transmitting via facsimile



AF/1655

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0851-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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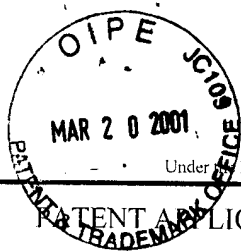
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/498,135	
	Filing Date	2/4/2000	
	First Named Inventor	STONE	
	Group Art Unit	1655	
	Examiner Name	Enewold Goldberg, J.	
Total Number of Pages in This Submission	8	Attorney Docket Number	36435.0100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cynthia A. Pillote, Esq., Reg. No. 42,999 Snell & Wilmer, L.L.P.
Signature	
Date	3/14/2001

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 3/14/2001		
Typed or printed name	Allis Brown	
Signature		Date 3/14/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application or Docket Number

09/498,135

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	17 minus 20 =	* -3
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ 355
x \$ 3 =	-9
x 40 =	0
+ 0 =	0
TOTAL	\$346

RATE	FEE
	\$
x \$ =	
x =	
+ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 17	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 40 =	0
+ 0 =	0
TOTAL	\$0

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDIT. FEE

TOTAL
ADDIT. FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 16	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 40 =	0
+ 0 =	0
TOTAL	\$0

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

TOTAL
ADDIT. FEE

TOTAL
ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 16	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 40 =	0
+ 0 =	0
TOTAL	\$0

RATE	ADDI- TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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